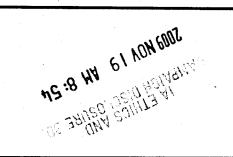
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2004 - 50 30, 2004		FORM B For use by candidates and		OCT 1 5 2009			
Name: CHRISTOPHER REED	Daytim	e Telephone: 319-	924-3910	2009 OCT 19	PM 4: 27		
Filer Status Candidate for the House of Representatives New officer or employee Employing Office:	Date Electi		Check if Amendment	A <i>\$200 pena</i> against anyl than 30 days	ody who fil		
II. Did you your spouse or a dependent child receive "uncorned"	No	IV. Did you hold any reporta of filing in the current calend If yes, complete and attach	lar year or in the prion Schedule IV.	r <u>two</u> years?	Yes	No X	
III. Did you, your spouse, or a dependent child have any report-	No X	with an outside entity? If yes, complete and attach VI. Did you receive compens a single source in the two profit yes, complete and attach	sation of more than s	· · · · · · · · · · · · · · · · · · ·	Yes Yes	No ∑ No □	
Each question in this part must be answered as EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST		**************************************		- *		S	
TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committe need not be disclosed. Have you excluded from this report details of such a trupage 8.)	ee on Sta ust benefi	ndards of Official Conduct ar ting you, your spouse, or a c	nd certain other "e dependent child? (xcepted trusts" See Instructions,	Yes	No X	
EXEMPTION —Have you excluded from this report any other assets, "unearned because they meet all three tests for exemption? Do not answer "yes" unless you conduct.	ned" incom you have f	ne, transactions, or liabilities irst consulted with the Comr	of a spouse or dep nittee on Standard	pendent child s of Official	Yes	No X	



Name CHRISTOPHER REED

Page ____ of ___

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)		Туре	Amount				
		Туре	Current Year to Filing	Preceding Year			
•	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450			
Examples:	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200			
	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Honorarium	0	\$1,000			
	Harris County, Texas Public Schools	Spouse Salary	NA	NA NA			
lowa	ANSWERING SERVICE, INC. Cedar Rapids, 14.	Salary	\$46,041	\$65,000			
Lich	ety Split, ine	Spouse Salary	27,300	\$36,400			
Rola	nd Wilbert Vault Co.	Spouse Salary	11,250	\$15,000			
	LLC	Spowe Salary	13,500	\$18,000			
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SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Name Christopher Reed Page 2 of 5

BLOCK A BLOCK B BLOCK C BLOCK D Asset and/or Income Source Value of Asset Type of Income **Amount of Income** Indicate value of asset at close Identify (a) each asset held for investment or Check all columns that apply. For For retirement plans or accounts that do not production of income with a fair market value of reporting year. If you use a retirement plans or accounts that allow you to choose specific investments, you exceeding \$1,000 at the end of the reporting do not allow you to choose specifvaluation method other than fair may write "NA" for income. For all other period, and (b) any other asset or sources of ic investments, you may write "NA." market value, please specify the income which generated more than \$200 in assets, including all IRAs, indicate the cate-For all other assets including all method used. "unearned" income during the year. For rental IRAs, indicate the type of income gory of income by checking the appropriate property or land, provide a complete address. by checking the appropriate box box below. Dividends and interest, even if If an asset was sold during the Provide full names of stocks and mutual funds below. Dividends and interest. reinvested, should be listed as income. reporting year and is included (do not use ticker symbols). For all IRAs and even if reinvested, should be Check "None" if no income was earned or only because it generated other retirement plans (such as 401(k) plans) listed as income. Check "None" if generated. income, the value should be that are self directed (i.e., plans in which you asset did not generate any income have the power, even if not exercised, to select "None." during calendar year. the specific investments), provide the value and income information on each asset in the ABCDEF Specify: For Example, Partnership Income or Farm Income) lglHli Κ account that exceeds the reporting threshold. **Current Year Preceding Year** For retirement plans that are not self-directed. name the institution holding the account and its value at the end of the reporting period. For vi lviilviil ix X XI an active business that is not publicly traded. state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. \$25,000,001 - \$50,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 EXCEPTED/BLIND TRUST Exclude: Your personal residence(s) (unless \$25,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 there is rental income); any debt owed to you \$100,001 - \$1,000,000 \$1,000,000 \$250,001 - \$500,000 Other Type of Income \$100,001 - \$250,000 by your spouse, or by you or your spouse's \$100,000 \$1,001 – \$2,500 \$2,501 – \$5,000 \$5,001 – \$15,000 \$15,001 – \$50,000 \$100,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 - \$50,000 child, parent, or sibling; any deposits totalling Over \$50,000,000 \$1,001 - \$15,000 \$1,001 – \$2,500 \$2,501 – \$5,000 CAPITAL GAINS \$5,000 or less in personal savings accounts; Over \$5,000,000 Over \$5,000,000 \$201 - \$1,000 \$201 - \$1,000 any financial interest in or income derived from DIVIDENDS U.S. Government retirement programs. INTEREST \$100,001 -\$50,001 - : \$1 - \$200 \$15,001 \$50,001 If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. Х SP Mega Corp. Stock Simon & Schuster Indefinite DC. Examples: Royalties 1st Bank of Paducah, KY accounts

SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher Reed Page 3 of 5

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	BLOCK A	BLOCK B	BLOCK C	BLOO	CK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount o	of Income
SP,		ABCDEFGHIJKL		Current Year	Preceding Year
JT,		000 t	<u>SI</u>	1 II III IV ACI VI AZI VIII DX X X	I AI III AV V VI VII VIII X X XI
DC		None \$1.51,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$250,001 - \$5,000,000 \$250,001 - \$5,000,000 \$250,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	NONE DAVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	0000'0	0000
		None \$1,001 - \$15,000 \$1,001 - \$15,000 \$5,001 - \$100,000 \$100,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000 \$5,000,001 - \$5,000 \$5,000,001 - \$5,000	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TI Other Type of Income (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$15,000 \$1,001 - \$10,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000	None \$1 \$200 \$201 - \$1,000 \$201 - \$1,000 \$2,501 - \$5,000 \$45,001 - \$15,000 \$15,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000
		None \$1,001 – \$1,001 – \$15,001 \$50,001 \$250,001 \$1,000,00 \$5,000,00 \$25,000,00	NONE DIVIDENT RENT INTERES CAPITAL EXCEPTE Other Type (Spe	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$15,000 \$1,001 - \$15,000 \$1,000,001 - \$100 \$1,000,001 - \$5,0	None \$2.501 - \$1,000 \$1,001 - \$2:500 \$2,501 - \$5,000 \$5,001 - \$1,000 \$100,001 - \$1,000 \$1,000,001 - \$1,000
		\$11, \$1, \$2, \$2, \$3, \$2, \$3, \$2, \$3,	NONE DIVIDI INTER CAPIT EXCEI	\$1 - \$20 \$201 - \$ \$1,001 - \$5,001 - \$5,001 - \$5,001 - \$1,000,00	\$201- \$201- \$201- \$2,50 \$5,00 \$15,00 \$100,0
	AN				
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SCHEDUL	E III —	LIABILITIES	

Name Christopher Reed Page 4

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

						Am	ount o	of Lia	bility			
SP, DC, JT	Creditor	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001— \$250,000 TI	\$250,001— \$500,000	\$500,001— \$1,000,000	\$1,000,0001— \$5,000,000	\$5,000,001— \$25,000,000 —	\$25,000,001— \$50,000,000	Over \$50,000,000 X
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.			7.00	X						
	DISCOUER	Revolving	X									
SP	Wells Fargo	Mortgage on 1809 18th Ave SW			X					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	J											
							i,					A Comment

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Na	ame of Organization
NA		

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Name Christopher Reed Page 5 of

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: fu	iture employment; a leave of absence during the period of government
service; continuation or deferral of payments by a former or current employer other than the U.S. G	overnment; or continuing participation in an employee welfare or ben-
efit plan maintained by a former employer.	

Date	Parties To	Terms of Agreement
N/A		

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
NA	